

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURES: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)**2. TO** (Include ZIP Code)**3. FROM** (Include ZIP Code)**AHRC**
ATTN: ARPC-AR-MRE
1 Reserve Way
St Louis, MO 63132-5200**SECTION I - PERSONAL IDENTIFICATION****4. NAME** (Last, First, MI)**5. GRADE OR RANK/PMOS/AOC****6. SOCIAL SECURITY NUMBER****SECTION II - DUTY STATUS CHANGE (AR 600-8-6)****7.** The above soldier's duty status is changed from _____

to _____

effective _____

hours. _____

19 _____

SECTION III - REQUEST FOR PERSONNEL ACTION**8.** I request the following actions: (Check as appropriate)

Service School (Enl only)

Special Forces Training/Assignment

Identification Card

ROTC or Reserve Component Duty

On-The-Job Training (Enl only)

Identification Tags

Volunteering for Overseas Service

Retesting in Army Personnel Tests

Separate Rations

Ranger Training

Reassignment Married Army Couples

Leave - Excess/Advance/Outside CONUS

Reassignment Extreme Family Problems

Reclassification

Change of Name/SSN/DOB

Exchange Reassignment (Enl only)

Officer Candidate School

Other (Specify)

Airborne Training

Asgmt of Pers with Exceptional Family Members

☒ **Record Review****9. SIGNATURE OF SOLDIER** (When required)**10. DATE****SECTION IV - REMARKS** (Applies to Sections II, III, and V) (Continue on separate sheet)

This is to certify that _____
Rank, Name, SSN

1. Is/is not pending under suspension of favorable action.**2.** Is/is not barred from reenlisting.**3.** Is/is not pending UCMJ action.**4.** Has a GT score of _____, date of test _____.**5.** Soldier is/is not mobilized, is/is not under stop loss, date mobilized/stop loss _____.**ARADMD Records NCO signature****SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL****11.** I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -☐

HAS BEEN VERIFIED

☐

RECOMMEND APPROVAL

☐

RECOMMEND DISAPPROVAL

☐

IS APPROVED

☐

IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE**13. SIGNATURE****14. DATE**